

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018367

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 6000

2 0830

3

4 0

5 1

6

7 0

8 2

9 4201

10

11

12 4-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

Registration District No.

72
FILED MAY 31 1962

Primary Registration District No.

4134

Registrar's No.

93

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Smithville

Length of stay in 1b

5 Weeks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTE Smithville Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Platte

c. CITY OR TOWN Platte City

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

None

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First Walter

Middle Lee

Last Anderson

4. DATE OF DEATH

Month May

Day 23

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-18-1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Anderson

13b. MOTHER'S MAIDEN NAME

Emma Miller

14. NAME OF HUSBAND OR WIFE

Elsie Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Elsie Anderson Platte City, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchopneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

4-23-62

to 5-23-62

and last saw her on 5-23-62

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5-23-1962

23c. NAME OF CEMETERY OR CREMATORY

Platte City Cemetery

23d. LOCATION (City, town, or county)

Platte City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Tommy R. Rollins Platte City, Mo.

25. DATE RECD. BY LOCAL REG.

5-25-62

26. REGISTRAR'S SIGNATURE

Marguerite Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

BY AFFIDAVIT OF

OCT 23 1987

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Larry R. Rollins

Licensed Embalmer No. 5110

P. O. Address

Platts City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

*If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.